

Epidemiologic research helps public health officials monitor and project the extent of the HIV/AIDS epidemic in California. The OA, in collaboration with LHJs, community-based organizations, universities, and other state organizations, conducts a variety of epidemiologic studies that are funded by both the state and federal government. Epidemiologic data help guide resource allocation and program strategies for HIV/AIDS education, prevention, and care and treatment. Only AIDS cases were reportable in California in 2001, which limited our knowledge of the true burden of the HIV/AIDS epidemic. To provide a more complete understanding of the epidemic in our state, in 2001 the OA released draft regulations for a non-name code HIV reporting system, with implementation expected in July 2002.

HIV/AIDS Case Registry

The OA maintains the HIV/AIDS Case Registry, a confidential, central registry of demographic and clinical information on all reported California AIDS cases. Communicable disease personnel assigned to the Registry routinely collect these data from LHJs throughout the state. AIDS data are stored in a computer database secured and isolated from outside contact, and paper files are in locked cabinets within a secured area. The records are analyzed, stripped of identifiers, and forwarded to the CDC for use in the national statistics. Encryption programs and a secure work environment ensure the confidentiality of the Registry's case information.

The Registry provides LHJs with support and training for developing, maintaining, and enhancing surveillance programs. Additionally, the OA provides large LHJs with a computer containing the HIV/AIDS Reporting System software and appropriate security software, for monitoring of the epidemic within their jurisdictions.

HIV Reporting

California has the second largest number of reported AIDS cases in the nation, yet the incidence of HIV infection, the precursor to AIDS, remains unknown because HIV infection without an AIDS diagnosis was not reportable in California in 2001. The Budget Act of Fiscal Year (FY) 2000/01 provided \$2.8 million to the OA for developing and implementing a

non-name code HIV reporting system. Over \$1.4 million of this funding was allocated in FYs 2000/01 and 2001/02 to LHJs to begin preparations for HIV reporting.

Development of California's HIV reporting regulations began in 2000. During 2001, the proposed regulations were released for two separate public comment periods, one in March and the second in December. Revisions to the proposed regulations were made based on analysis of public comments received during these periods. The final version of the proposed regulations will be submitted to the Office of Administrative Law for approval in early 2002. Implementation of HIV reporting is targeted for July 2002.

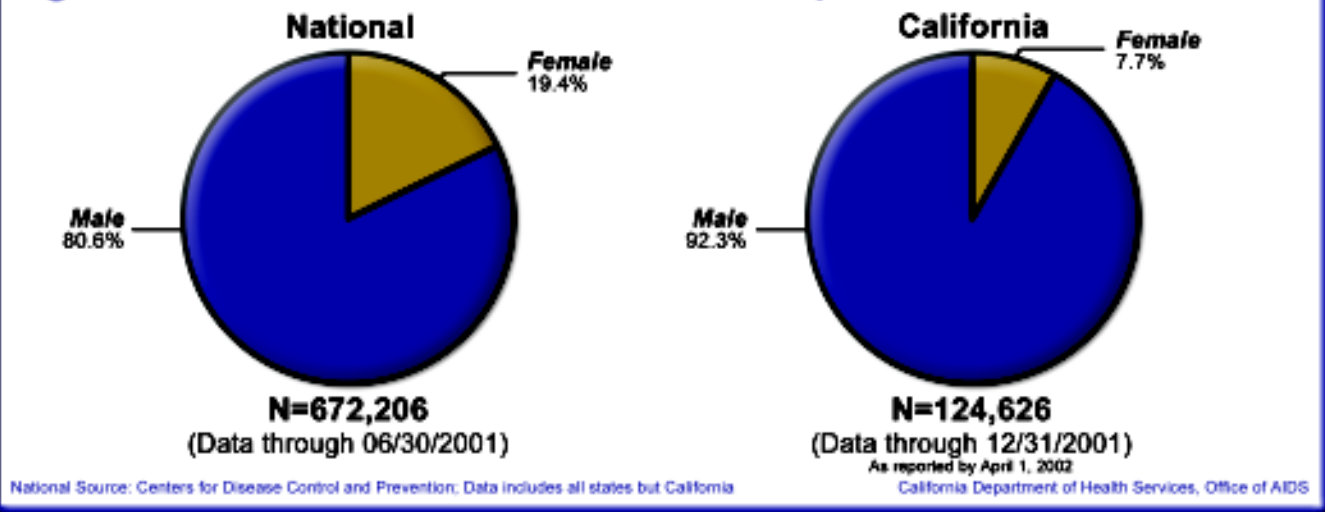
The proposed system will report HIV infection using a non-name code composed of a number of elements used together to establish 'uniqueness' while not readily identifying the HIV-infected individual. HIV case report data will be securely stored in the HIV/AIDS Case Registry in a manner similar to AIDS case reports. Reporting HIV infection in addition to AIDS case data will allow the State to better monitor the progress of the epidemic and to more effectively target prevention, education, and care resources to affected populations.

Additionally, during 2001, several pre-implementation activities were begun, including development of a Request For Proposals for a contract to develop and provide an HIV reporting regulations training curriculum targeting laboratories, health care providers, and HIV/AIDS surveillance staff at LHJs.

AIDS Case Trends

As of December 31, 2001, California had a cumulative total of 124,626 reported AIDS cases. Of these, 75,681 had died, for a case fatality rate of 60.7%. Since the first case of AIDS was reported in 1981, the risk groups and populations most affected by the epidemic have shifted. Early in the epidemic, White MSM represented the majority of AIDS cases in California. Recent data indicate that although the majority of AIDS cases reported each year are attributable to MSM, the proportion of new AIDS cases among people of color, injection drug users (IDUs), and their sex partners, are increasing.

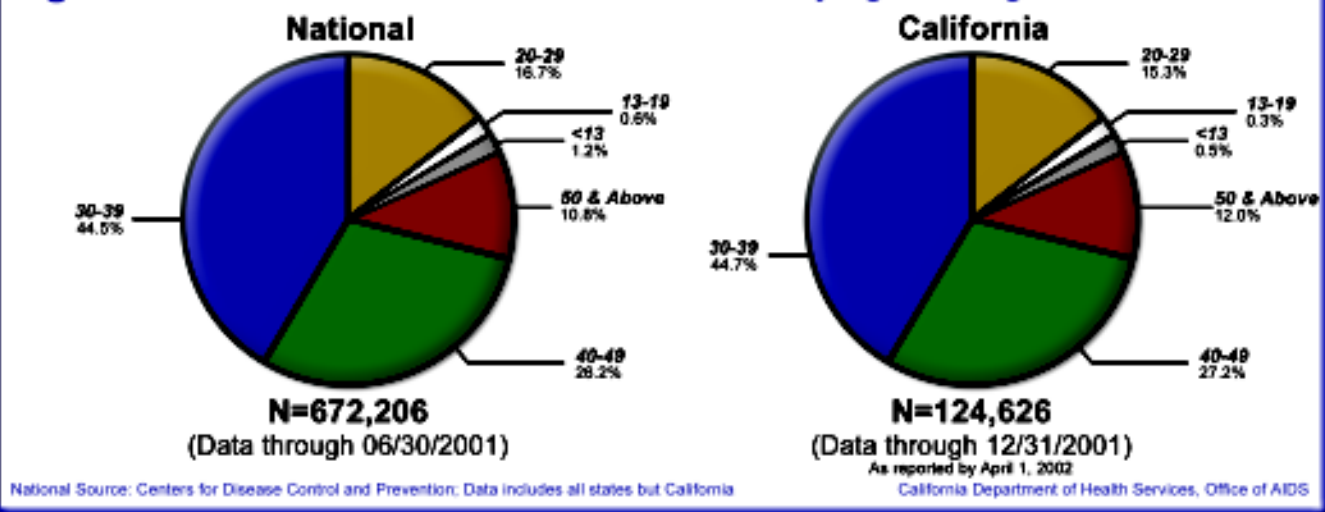
Figure 1: National versus California AIDS Cases by Gender



California AIDS Data Compared with National Data

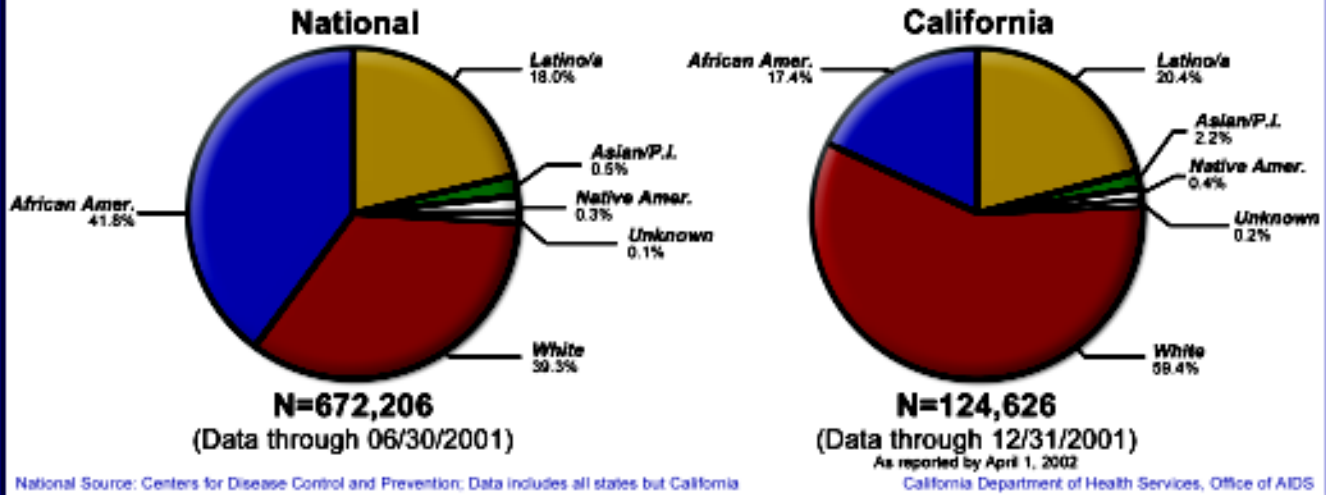
- For AIDS cases reported through July 1, 2001, (the latest data available for national AIDS cases), California accounts for approximately 13.4% of all presumed living AIDS cases in the United States and Puerto Rico (data not presented).
- The AIDS epidemic in California continues to be predominately among men. The proportion of cumulative AIDS cases among women in California is smaller (7.7%) than that for the United States (19.4%) (Fig. 1).
- The age distribution of persons diagnosed with AIDS in California is similar to that of the nation, with most cases among 30-39 year olds (Fig. 2).

Figure 2: National versus California AIDS Cases by Age at Diagnosis



Epidemiology

Figure 3: National versus California AIDS Cases by Race/Ethnicity



- California, compared with the rest of the nation, has a larger proportion of cumulative AIDS cases occurring among Whites (59.4% versus 39.3%, respectively). While proportions also vary for Latinos (20.4% versus 18%), Asian/Pacific Islanders (2.2% versus 0.5%) and African Americans (17.4% versus 41.8%) (Fig. 3), these differences more closely reflect the racial-ethnic variations found in the general populations of California and the nation.
- Approximately 78% of cumulative AIDS cases reported in California are attributed to sex between men (MSM and MSM/IDU) compared with just over 47% nationally (Fig. 4).
- California, compared with the rest of the nation, has a lower percentage of cumulative AIDS cases attributable to IDU (10.4% versus 27.5%, respectively) or heterosexual contact (4.8% versus 11.9%) (Fig. 4).

Figure 4: National versus California AIDS Cases by Risk Factor

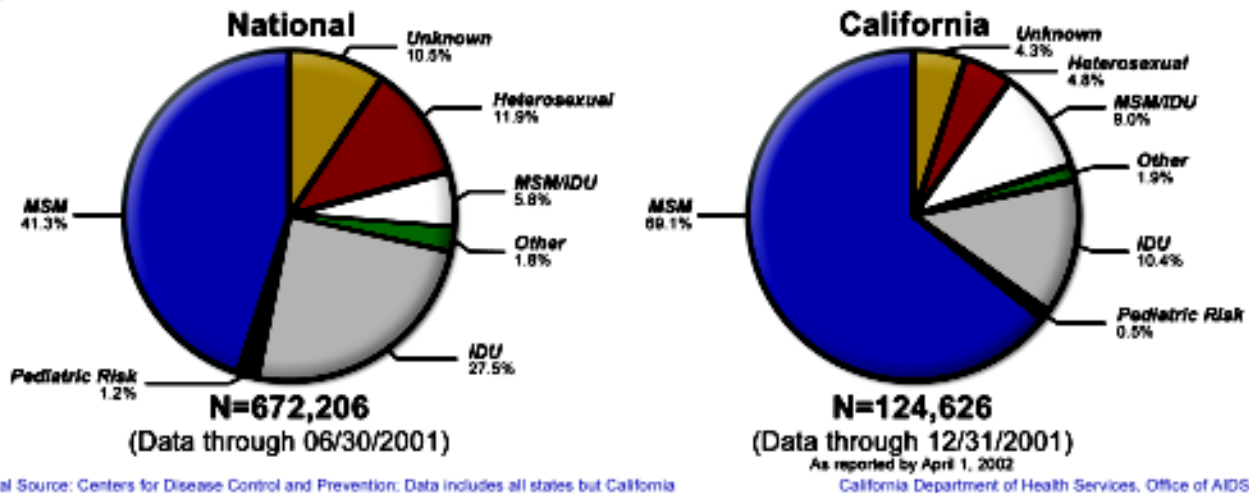
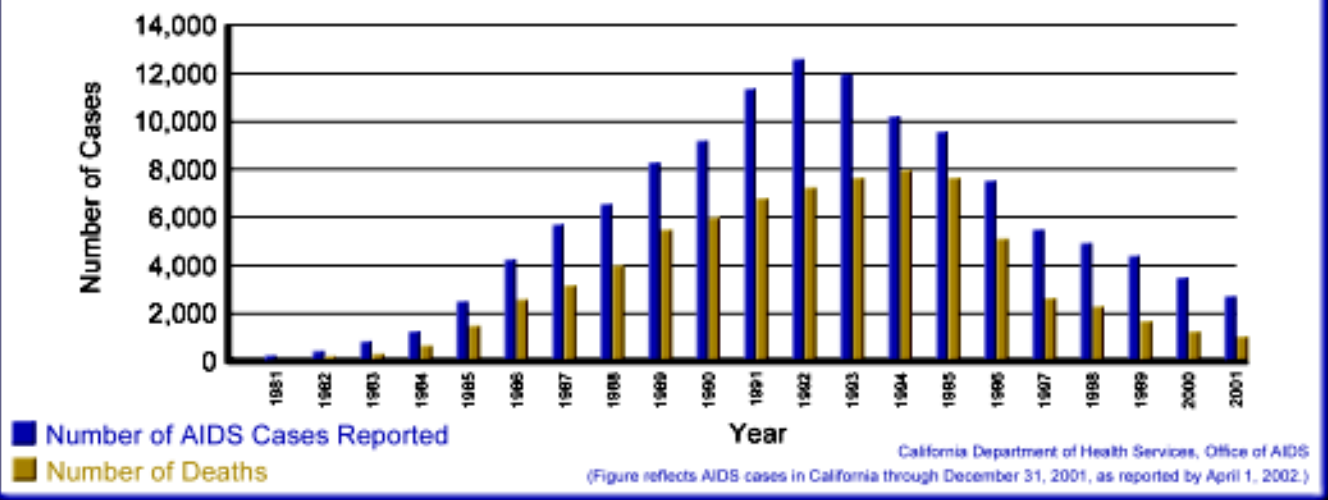


Figure 5: Annual AIDS Cases and Deaths in California, 1981-2001



California AIDS Registry data through December 31, 2001, and reported by April 1, 2002, reveal the following trends:

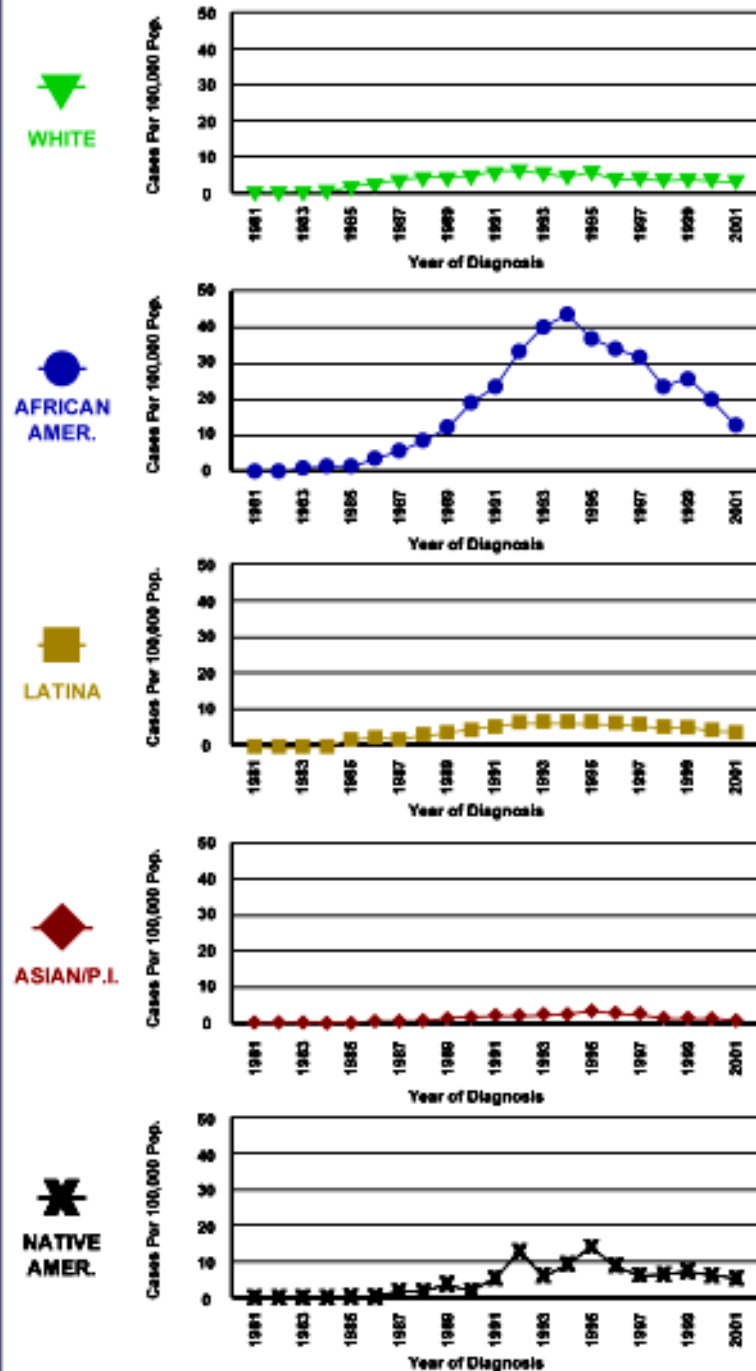
- Annually reported AIDS cases have been declining since 1993. From 2000 to 2001 annually reported AIDS cases declined by 8.1% (276 cases), following a 14.4% drop from 1999 to 2000 (Fig. 5).
- The number of annual deaths in 2001 (1,305) is only slightly lower than the 1,419 AIDS-related deaths in 2000 (Fig. 5).
- The survival time after an AIDS diagnosis has risen dramatically. The median survival time of reported AIDS cases diagnosed in 1993 was double that of reported cases diagnosed in 1988 (data not presented).

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Annual Incidence Rates

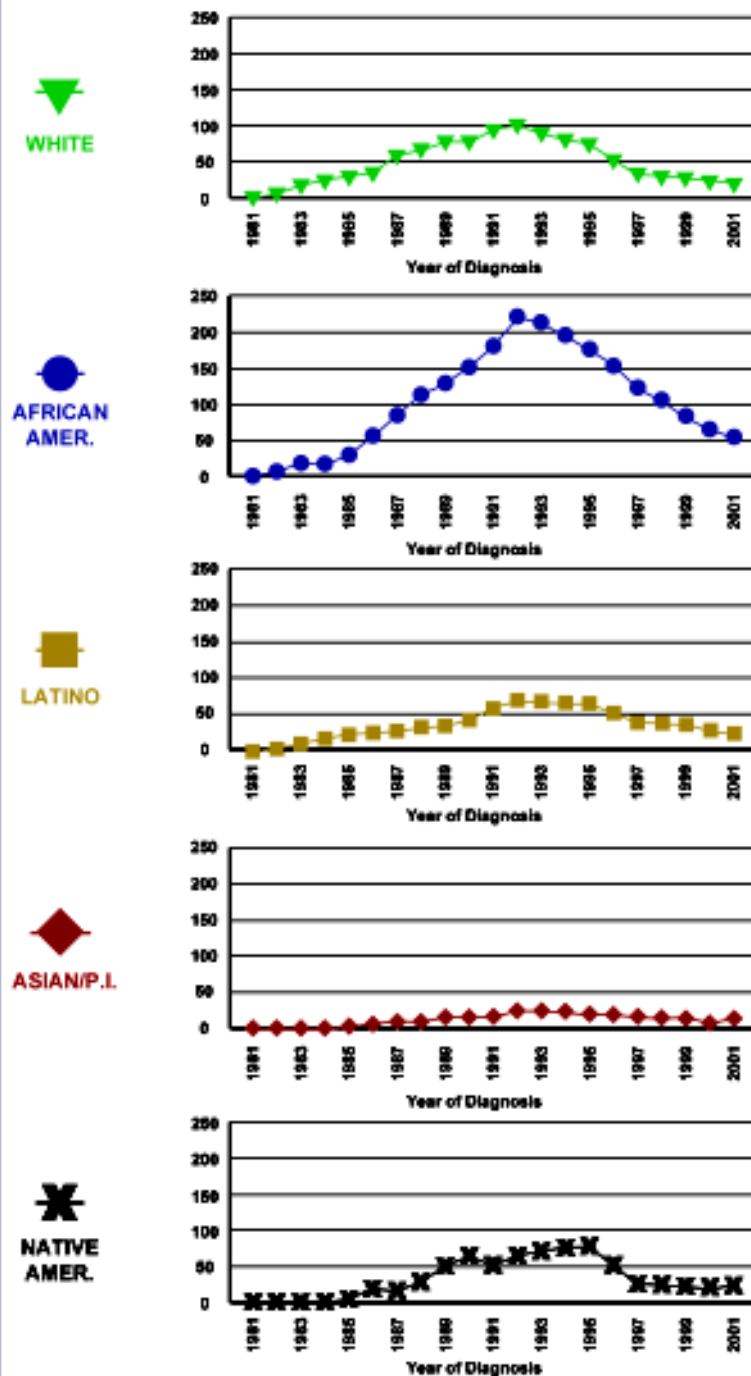
- In 2001, annual incidence rates (number of AIDS cases per 100,000 population) continued to decline for all racial/ethnic groups (Figs. 6 and 7).
- African American males (55.0) and females (13.6) continued to have the highest annual AIDS incidence rate among all racial/ethnic groups in 2001. The AIDS incidence rate for African American females in 2001 was triple that of Native American females, six times higher than among Latinas, and over ten times that of White and Asian/Pacific Islander females (Figs. 6 and 7).

Figure 6: Annual AIDS Incidence Among Adult/Adolescent Females by Racial/Ethnic Groups in California 1981-2001



California Department of Health Services, Office of AIDS
(Figure reflects AIDS cases in California through December 31, 2001, as reported by April 1, 2002.)

Figure 7: Annual AIDS Incidence Among Adult/Adolescent Males by Racial/Ethnic Groups in California 1981-2001



California Department of Health Services, Office of AIDS
(Figure reflects AIDS cases in California through December 31, 2001, as reported by April 1, 2002.)

- Since 1997, Latino males have had a higher AIDS incidence than White males (Fig. 7).
- In 2001, the AIDS incidence among White males (14.7) was near that of Latino (15.7) and Native American males (18.1). The AIDS incidence among White females (1.2) continues to be among the lowest of all racial ethnic groups (Figs. 6 and 7).
- AIDS incidence among Asian/Pacific Islanders (6.4 males, 0.6 females) has been the lowest among all racial/ethnic groups for both genders since the start of the epidemic (Figs. 6 and 7).

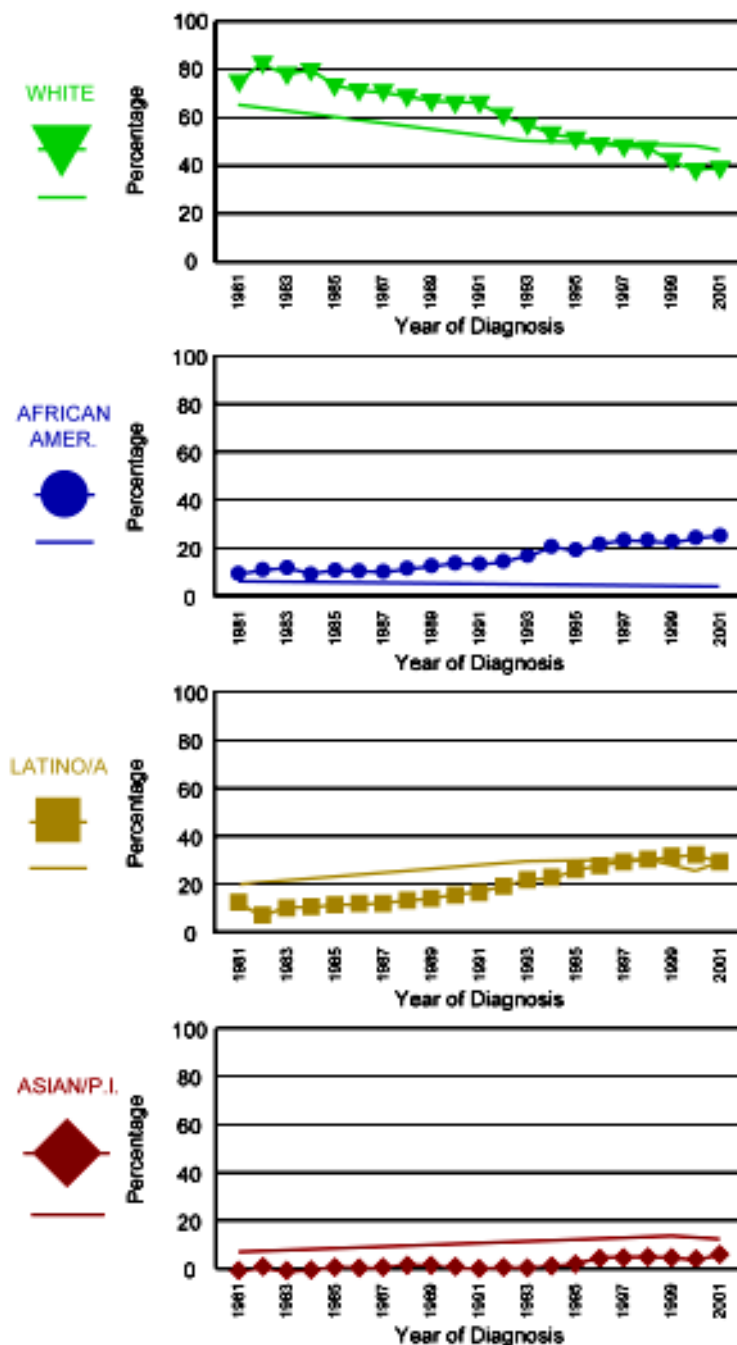
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Annual Cases by Ethnicity

- Whites composed less than 50% of California's general population for the first time in 2000, while they have composed less than 50% of new annual AIDS cases every year since 1997 (Fig. 8). In both 2000 and 2001, Whites have composed under 40% of new AIDS cases.
- African Americans have been the most disproportionately affected racial/ethnic group in California. African Americans made up just over 23% of annual AIDS cases reported in both 2000 and 2001, more than triple their 7% representation in the state's general population (Fig. 8).
- Since 1997, over 20% of all African American AIDS cases in California have been female, while the percentages of females among White, Latino, Asian/Pacific Islander, and Native American AIDS cases are 8.3%, 11.7%, 13.3%, and 16.8%, respectively (data not presented).
- The first time that Latino representation among new AIDS cases exceeded Latino representation in California's general population was in 1999. While under 10% of AIDS cases diagnosed in 1981 were Latino, by 1999 (and every year since then) this proportion was over 30%, representing a threefold increase (Fig. 8).
- The percentage of Asian/Pacific Islanders in the general population increased from about 6% in 1981 to over 11% in 2000 while the percentage among annual AIDS cases varied between 2% and 2.7% over the same period (Fig. 8). In 2001, however, this percentage rose to 4.0%. Asian/Pacific Islanders were the only racial/ethnic group with more AIDS cases in 2001 (126) than in 2000 (103).
- Native Americans represent about 0.5% of California's general population and about 0.6% of the annual AIDS cases reported in 2001 (data not presented).

Figure 8: Racial/Ethnic Group Percentages Among New Annual AIDS Cases and the General Population in California, 1981-2001

(Lines with shapes are % of new AIDS cases each year, solid lines are % of general population.)
*Native Americans not shown due to small percentages.



California Department of Health Services, Office of AIDS
(Figure reflects AIDS cases in California through December 31, 2001, as reported by April 1, 2002.)

Table 1: Percent of AIDS Cases Under the Age of 30 at Diagnosis by Gender and Racial/Ethnic Group in California, 1981 - 2001

Racial/Ethnic Group	Male	Female
White, non-Hispanic	12.8%	22.5%
African American	15.9%	21.1%
Latino/a	23.5%	33.3%
Asian/Pacific Islander	17.0%	22.6%
Native American	22.2%	25.8%

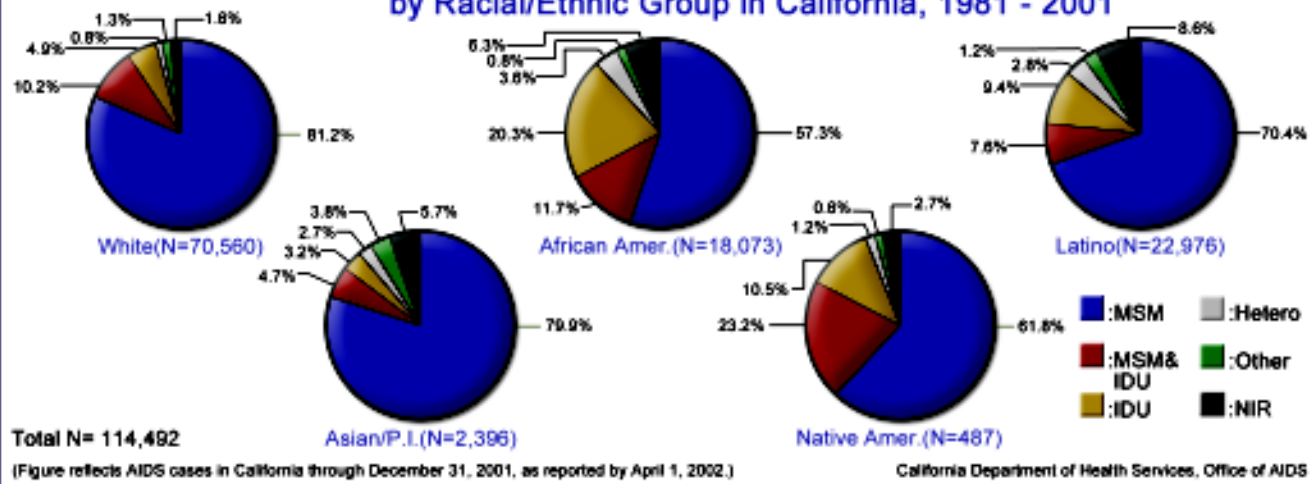
(Figure reflects AIDS cases in California through December 31, 2001, as reported by April 1, 2002.)

California Department of Health Services, Office of AIDS

AIDS Cases Under the Age of 30 at Diagnosis

- Latinos are more likely than other racial/ethnic groups to be under the age of 30 at the time of AIDS diagnosis. Among Latinas, one-third of reported AIDS cases have been under the age of 30 at the time of diagnosis (Table 1).
- Among cumulative pediatric AIDS cases (617 cases total), 37.9% are Latino, followed by African Americans at 30.3%, Whites at 27.5%, Asian/Pacific Islanders at 3.1%, and Native Americans at about 1% (data not presented).

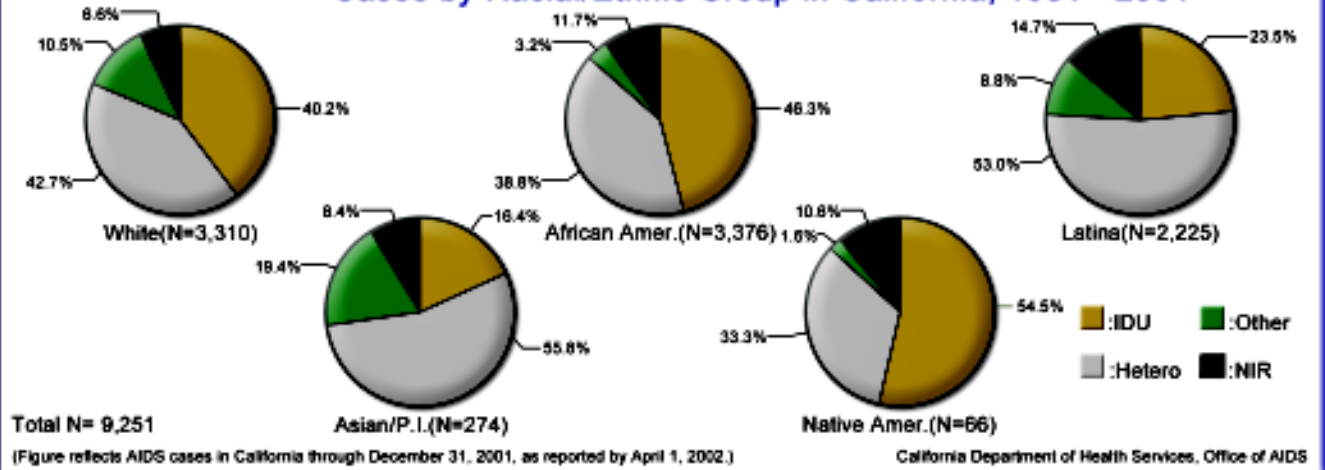
Figure 9: Reported Mode of HIV Exposure Among Adult/Adolescent Male AIDS Cases by Racial/Ethnic Group in California, 1981 - 2001



Mode of Transmission

- MSM (excluding MSM/IDU) represented 69.1% of the cumulative reported AIDS cases in California through December 31, 2001 (Fig. 4), and 54.1% of AIDS cases reported in 2001. While MSM remains the most frequent mode of HIV exposure, the percentage of reported AIDS cases attributable to MSM is declining (data not presented).
- Heterosexual transmission of HIV accounted for 4.8% of the cumulative number of AIDS cases reported through December 31, 2001 (Fig. 4), an increase of 0.2% since 2000, and slightly lower than the 0.5% increase from 1999 to 2000. Over 10% (320 cases) of AIDS cases reported in 2001 were due to heterosexual transmission (data not presented).
- IDU accounted for 10.4% of cumulative AIDS cases diagnosed through December 31, 2001 (Fig. 4). The percentage of annual cases reported with this risk exposure has exceeded 14% each year since 1999 (data not presented).
- The cumulative percentage of reported AIDS cases among MSM/IDUs remained at 9.0% in 2001 (Fig. 4), but the percentage of annually-reported cases has been below this mark each year since 1994. In both 2000 and 2001, the percentage of new cases reported with this exposure was 6.7% (data not presented).
- The proportion of AIDS cases reported with MSM HIV exposure vary across race/ethnicity groups, with Whites and Asian/Pacific Islanders about 80%, Latinos just over 70%, and African Americans and Native Americans between 57% and 62% (Fig. 9).
- The proportion of male AIDS cases reported with heterosexual IDU HIV exposure varies across race/ethnicity groups with a high of over 20% for African American males, about 10% for Latino and Native American males, and below 5% among White and Asian/Pacific Islander males (Fig. 9).

Figure 10: Reported Mode of HIV Exposure Among Adult/Adolescent Female AIDS Cases by Racial/Ethnic Group in California, 1981 - 2001



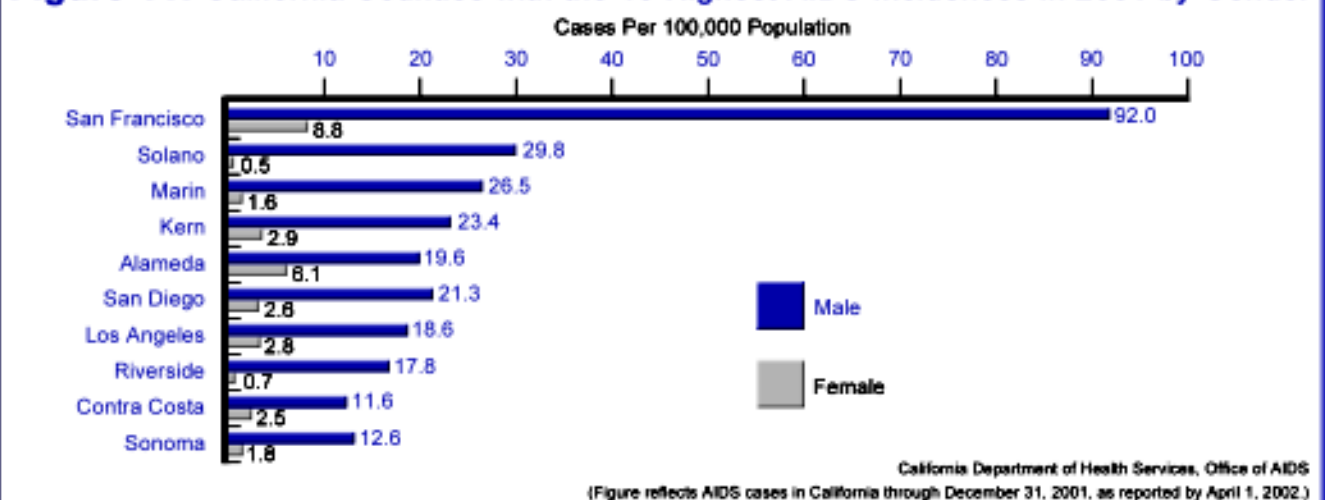
- Among cumulative female AIDS cases, over 53% of both Latinas and Asian/Pacific Islanders reported heterosexual HIV exposure, compared with under 43% for White (42.7%), African American (38.8%), and Native American (33.3%) females (Fig. 10).
- Female AIDS cases reported with IDU exposure fall into three tiers, with the highest among Native Americans at 54.5%, the middle among African Americans at 46.3% and Whites at 40.2%, and the lowest among Latinas (23.5%) and Asian/Pacific Islanders (16.4%) (Fig. 10).

Regional and Graphic Distribution

The ten counties in California having the highest AIDS incidence for both genders (Fig. 11) include:

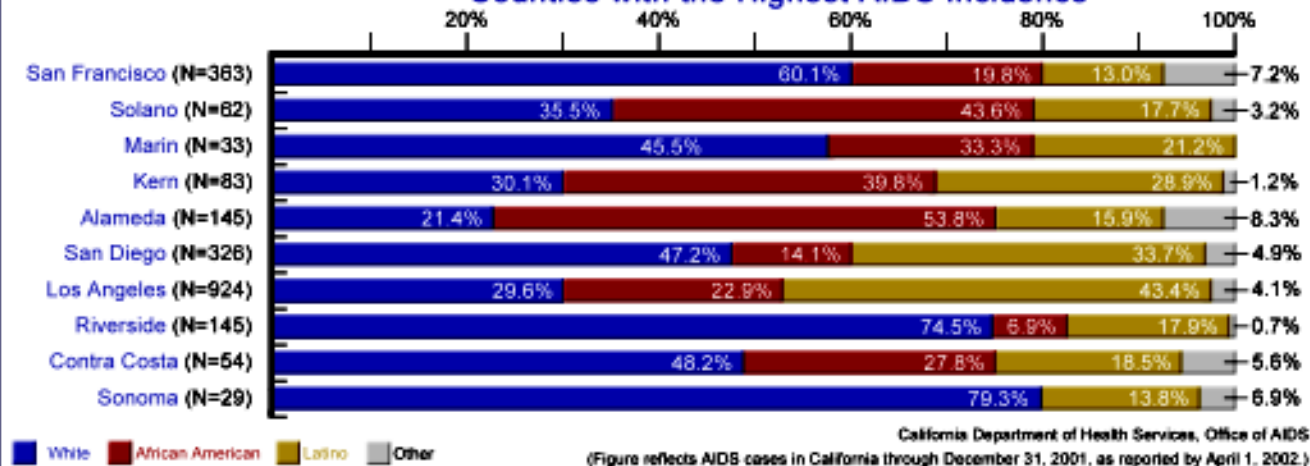
- Four largely urban counties: San Francisco and Alameda in the north, San Diego and Los Angeles in the south;
- Four largely suburban areas: Solano, Marin, and Contra Costa in the north, Riverside in the south; and
- Two largely agricultural areas: Sonoma in the north and Kern in central California.

Figure 11: California Counties with the 10 Highest AIDS Incidences in 2001 by Gender



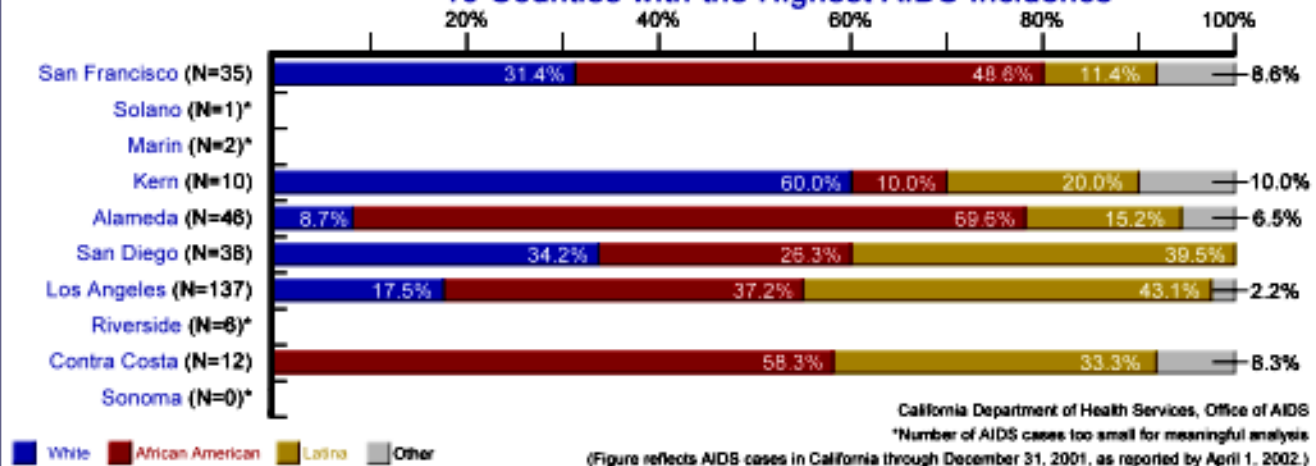
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Figure 12: Racial/Ethnic Distribution of Male AIDS Cases Reported for 2001 in the 10 Counties with the Highest AIDS Incidence



- In the ten counties with the highest AIDS incidence for 2001, the majority of male AIDS cases were non-White in seven of the ten counties (Fig. 12). The majority of female cases were non-White in all seven counties that reported more than ten female AIDS cases in 2001 (Fig. 13).
- In 2001, at least one-third of male AIDS cases were African American in Alameda, Solano, Marin, and Kern Counties (Fig.12).
- In San Diego and Los Angeles Counties, at least one-third of male AIDS cases were Latino (Fig. 12).
- Among the six counties with at least ten reported female AIDS cases in 2001, over one-third of the cases were African Americans in San Francisco, Alameda, Los Angeles, and Contra Costa Counties, and over one-third were Latinas in San Diego, Los Angeles, and Contra Costa Counties (Fig. 13).

Figure 13: Racial/Ethnic Distribution of Female AIDS Cases Reported for 2001 in the 10 Counties with the Highest AIDS Incidence



Young Men Survey

Methodology for the Young Men Survey was developed in 2000. This population-based, door-to-door survey, which began in late 2001 and will conclude in 2004, will study young men aged 18 to 35 years who reside in low-income neighborhoods within Alameda, Contra Costa, San Francisco, San Joaquin, and San Mateo Counties. The purpose of this study will be threefold:

- 1) To estimate the prevalence of important infectious diseases including HIV, syphilis, chlamydia, gonorrhea, herpes simplex virus types 1 and 2, hepatitis B, and hepatitis C;
- 2) To examine the association of specific sexual and injection/non-drug using behaviors with the prevalence of the infections; and
- 3) To assess the impact that demographic, attitudinal, and environmental factors have on certain risk behaviors as well as prevalence of infections.

Enhanced Perinatal Surveillance

Enhanced Perinatal Surveillance is the merger of two existing projects, the Pediatric AIDS Surveillance project and the Maternal Infant Care Evaluation project. This ongoing study covers children under 13 years of age who are HIV-infected or have known perinatal exposure to HIV (i.e., born to a mother with HIV infection documented before delivery with no history of blood or blood product transfusion before 1985).

The OA contracts with Stanford University School of Medicine to conduct active surveillance of records from hospital-based clinics and from HIV-positive pediatric patients cared for through the California Children Services Program to identify HIV-exposed and HIV-infected children. The 13 sentinel sites participating in the study cover all major referral centers in California outside of Los Angeles County. Study nurses record all patient data using a unique identifier. Information collected on each child includes demographic, clinical, laboratory, and social service data. Infant records are linked with maternal records to collect information about maternal characteristics, risk behavior information, prenatal care, treatment and services received, and HIV testing history. Patient records are updated at six-month intervals.

This study increases knowledge of the extent of HIV infection among California's children and contributes to the epidemiologic understanding of HIV infection and exposure in children. It provides an estimate of rates of prenatal HIV testing, treatment, and perinatal services received by HIV-infected pregnant women. The study's regional approach to pediatric HIV surveillance has been effective in assuring a standardized, thorough assessment of epidemiologic information. In addition, the study has been integrated into existing public health surveillance programs with the support of federal, state, and local public health officials who have access to all data generated from surveillance efforts.

A total of 1,207 infants exposed to HIV have been enrolled in the Enhanced Perinatal Surveillance system. Of these, 13% (n=154) are confirmed HIV-positive, 15% (n=187) have been diagnosed with AIDS, and 63% (n=760) have seroreverted. Of all pediatric cases enrolled, maternal records have been abstracted for 339 cases.

HIV Serosurveillance

In collaboration with 11 LHJs (Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Joaquin, and Santa Clara Counties; the Cities of Berkeley and Long Beach; and the City and County of San Francisco), the OA supports HIV serosurveillance in selected STD clinics. Most sites are funded with state funds. The City and County of San Francisco and the County of Los Angeles receive funds awarded by the CDC. All of the sites conduct anonymous and blinded HIV testing. The objectives of HIV serosurveillance are to:

- Provide state and local health officials, as well as the public, with information on HIV prevalence in various populations;
- Assess the magnitude and extent of HIV infection by demographic and behavioral subgroup and geographic area;
- Identify regional and national changes over time in the prevalence of infection in specific populations; and
- Project the number of children and adults who will develop HIV-associated illness and require medical care.

In 2001, the OA completed the analysis of 1999 data collected from 19 STD clinics in 11 LHJs. These clinics tested a total of 17,620 serum samples in 1999. Statewide, the HIV seroprevalence at STD clinics was 3.4%, an increase from 2.4% in 1998. Men represented 67% (11,753) of the total STD population, of which 4.9% (575) were HIV seropositive. Women represented 33% (5,831) of the total STD population, of which 0.4% (25) were HIV seropositive. In 1999, the highest HIV seroprevalence (27%) was among MSM who inject non-prescription drugs, a notable increase from 19.0% in 1998. The second highest HIV seroprevalence was among MSM who do not inject drugs (19.1%), an increase from 16.5% in 1998. Heterosexual women showed a seroprevalence of 0.4%, compared with 0.5% in 1998. Among heterosexual females who inject non-prescription drugs, the seroprevalence was 0.9%, a sharp decline from 1.8% in 1998.

HIV Testing Survey

In early 2001, the OA and the CDC implemented the HIV Testing Survey (HITS), an anonymous cross-sectional study conducted in three high-risk population groups in San Diego, Alameda, and Sacramento Counties. The purpose of HITS is to monitor HIV testing patterns, assess why at-risk individuals seek or delay HIV testing, and identify what factors influence their decisions. Results of the survey will:

- Assist in developing specific interventions and prevention programs to help at-risk individuals overcome barriers to HIV testing; and
- Assess knowledge and issues surrounding state policies for HIV surveillance. HITS is part of the pre-implementation evaluation of California's HIV reporting system.

In December 2001, additional funds became available to expand HITS in order to improve understanding of HIV testing behaviors and perceptions in at-risk communities of color. In collaboration with the CDC, the OA developed plans for conducting HITS among migrant and seasonal farm workers in San Joaquin, Yolo, and Solano Counties. Implementation of this survey is targeted for early 2002.

HIV, Hepatitis B Virus, and Hepatitis C Virus Prevalence Study at San Quentin Prison

In March 2001, the OA, in collaboration with the CDC, the Viral and Rickettsial Disease Laboratory, the California Department of Corrections, and Centerforce, a community-based organization, implemented a study to

measure the prevalence and incidence of HIV, hepatitis B, and hepatitis C among inmates of San Quentin State Prison. This study will also assess drug use and risky sexual behaviors for 500 incoming inmates who receive HIV counseling and voluntary HIV testing. The study is expected to end in 2003 and a report of the findings will be released in 2004.

Blood Banks and Plasma Centers

As statutorily mandated, the OA receives HIV antibody test results from blood banks and plasma centers throughout the state to determine the number of HIV-infected individuals that donate blood. In the first half of 2001, the confirmed HIV-1 positive rate for blood banks was two per 100,000 units, a marked decline from the 1990 rate of 51 per 100,000. Figures for the first six months of 2001 indicate a significant rise in reported blood donations and a moderate drop in HIV-infected units for both blood banks and plasma centers. Plasma centers continue to report higher HIV-1 rates than blood banks. This is generally attributed to the plasma center practice of paying donors for their blood, which may attract IDUs and others who engage in high-risk behaviors.

Civilian Applicants for Military Service

Since October 1985, all civilian applicants for U.S. military service have been required to undergo testing for HIV infection as part of their medical entrance examination. The most recent data available regarding prevalence of HIV among California applicants show a statistically significant decrease from 0.22% (26/11,990) in October 1985 to 0.02% (8/34,394) in 2000. HIV prevalence for 2000 was highest among male applicants in Fresno (0.14%), followed by Riverside (0.07%), San Diego (0.07%), and Los Angeles (0.06%) Counties. Overall, prevalence was highest (0.14%) for African American male applicants, compared with 1999 data when African American female applicants had the highest HIV prevalence (0.10%). In 2000, applicants in the age groupings 25-29 and 30-34 had the highest HIV prevalence (0.07%), followed by age group 20-24 (0.03%).

Surveillance for Variant and Drug Resistant Strains of HIV-1

The OA, in collaboration with the CDC and San Diego County, is conducting sentinel surveillance for variant and drug resistant strains of HIV. The study population consists of all untreated, newly diagnosed HIV-1 infected individuals aged 18 years and above who do not have a known AIDS-defining illness and are entering San Diego County Early Intervention Programs. The purpose of the study is to check for the introduction, and estimate the prevalence of,

variant genetic strains of HIV in California; and determine if viral genotype resistance to antiretroviral therapy (specifically, protease inhibitors [PI], nucleoside reverse transcriptase inhibitors [NRTI], and nonnucleoside reverse transcriptase inhibitors [NNRTI]) is transferred from HIV-1 infected persons receiving such therapy to uninfected persons.

Collection of blood specimens concluded December 31, 2000, and laboratory analysis was completed in 2001. Of the 39 specimens collected:

- One specimen was found to be subtype A (rarely found in the Americas);
- Two specimens showed primary mutations associated with resistance to certain AIDS drug therapies. Both specimens had mutations known to convey resistance to PIs (specifically the drugs indinavir and saquinavir); one of these specimens also had a primary mutation for two different NRTIs (specifically lamivudine and abacavir), while the other had a primary mutation for two different NNRTIs (specifically nevirapine and delavirdine); and
- Twenty-two specimens showed secondary mutations that are indirectly associated with resistance to drug therapies (by improving the fitness of HIV strains with primary mutations). Of these 22 specimens, 15 had exactly one secondary PI mutation, 5 had exactly two secondary PI mutations, and 2 had exactly one secondary NRTI mutation.

In summary, this study describes the epidemiology of antiretroviral drug resistance in San Diego, and suggests that HIV genotypic testing prior to the initiation of therapy in patients with infection of unknown duration would identify a substantial number of persons with HIV containing mutations associated with reduced antiretroviral drug susceptibility.

Binational and Border Health Activities

During 2001, in support of the California-Mexico Binational and Border Health Initiative, the OA, in collaboration with the Office of Binational and Border Health, LHJs, and el Centro Nacional Para la Prevención de VIH/SIDA developed plans to:

- Prepare and disseminate a joint report on the epidemiology and surveillance of HIV/AIDS in Mexico and California, focusing on the epidemic among Latinos and with discussion regarding the migrant population in California;

- Provide technical assistance and participate in training exchanges on HIV/AIDS surveillance, prevention, and care; and
- Identify funding sources to continue existing and initiate new epidemiologic studies on prevalence of infectious diseases, behavioral surveillance, and access to health care among migrants and Latino populations at the border.

In 2001, the OA, HIV Counseling and Testing Section conducted the first HIV counseling and testing binational training in Spanish. OA provided this training to outreach workers and promotoras from the Imperial and Mexicali Valleys. The training included a five-day Basic I training, a three-day Basic II training and, for participants that successfully completed both of these courses, a three-day Train-the-Trainer course. Participant manuals that were previously only available in English were translated into Spanish. Binational training allows more health workers from both sides of the border to provide counseling and testing in Spanish, thereby increasing the availability of HIV/AIDS services in both English and Spanish for Latino migrants and seasonal farm workers in the region.

Binational HIV Prevalence, Incidence, and Risk Behaviors Study

In 2000, the OA began data collection for a study to estimate HIV prevalence, incidence, and risks among 18-29-year-old Latino MSM who reside in San Diego, California, and Tijuana, Mexico. This study is funded by a 1999 award from the Universitywide AIDS Research Program. Study subjects were interviewed about sexual and drug use behaviors as well as attitudes related to HIV. In addition, blood was drawn from each subject for HIV antibody testing and, if HIV-seropositive, related tests such as CD4 counts, HIV viral load, and HIV subtyping were performed. The sample collection in Tijuana was completed in 2001 and data and sample collection in San Diego will terminate June 30, 2002.

HIV Prevalence, Incidence, and Risks Among Young Latino MSM at the California-Mexico Border; Imperial County, California and Mexicali, Baja California, Mexico

In 2001, the OA developed plans for conducting a study among young, Latino MSM at the Mexicali-Imperial border. With support from the health jurisdictions of Baja California and Imperial County, the OA will collaborate with the HIV/AIDS Division of the Imperial County Health Department and Project Concern International, a local community-based organization in Mexicali. Approximately 500 participants from each site will be recruited for the study. Participants will be interviewed using a standardized

questionnaire, and if they consent, a sample of blood will be drawn and tested for HIV antibodies. CD4 levels, viral load, recent seroconversion status, and genetic subtype will be assessed by further tests on HIV-positive specimens.

Together, San Diego and Imperial Counties compose California's border with Mexico. Although they are geographically adjacent, the two counties have very different economic and demographic structures. The data from this study in conjunction with data from the current Binational HIV Prevalence, Incidence, and Risk Behaviors study, will provide a more complete characterization of the impact of the California-Mexico border on risk behaviors and HIV transmission. This study will also provide a greater understanding of HIV-related attitudes and knowledge among Latino MSM in the border region. Implementation of this project is targeted for July 2002.

HIV/STD/Hepatitis Seroprevalence Survey among Homeless, Runaway, and Street Youth

In 2001, the OA conducted an anonymous, cross-sectional survey among homeless, runaway, and street youth between the ages of 16 and 24. Youth were recruited from community-based organizations located in Sacramento (Diogenes Youth Services), San Diego (Family Health Centers of San Diego), and the City of Berkeley (Berkeley Ecumenical Ministries Foundation). The results of this study are expected to be available in August 2002 and are to be presented as a statewide report in 2003. The objectives of the survey are to:

- Estimate the prevalence of HIV, hepatitis B, hepatitis C, herpes simplex virus type II, chlamydia, and gonorrhea;

- Assess sexual and drug-using behaviors; and
- Assess health care utilization patterns.

Surveillance Grant Program

Since 1986, the OA has provided state funds to 61 LHJs (58 counties and three cities) through the Surveillance Grant Program. With this funding, LHJs are able to develop and implement active AIDS case surveillance programs. Funding goals include:

- Establish, maintain, and/or enhance local health departments' active AIDS case surveillance efforts in hospitals, clinics, private physicians offices, immunology laboratories, and other medical/social service settings;
- Improve the timeliness, accuracy, and reliability of the local AIDS case data;
- Conduct epidemiologic investigations of selected cases for risk or other information;
- Assure the security of AIDS case data and all related information to maintain the confidentiality of infected individuals;
- Plan, conduct, and disseminate studies of AIDS morbidity and mortality in collaboration with other departments; and
- Monitor and direct AIDS case finding activities to ensure optimal use of surveillance resources.